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CONFIRMATION NO. 1815

<b>SERIAL NUMBER</b> 10/085,454	<b>FILING OR 371(c) DATE</b> 02/27/2002 <b>RULE</b>	<b>CLASS</b> 040	<b>GROUP ART UNIT</b> 3611	<b>ATTORNEY DOCKET NO.</b> 252205 (DSC-7A)	
<b>APPLICANTS</b> David W. Nelms, Lake Forest, IL; Betty M. Schick, Lake Villa, IL; Kimberly S. Wilson, Highland Park, IL; Roger C. Hochschild, Larchmont, NY;					
<b>** CONTINUING DATA *****</b> <i>W</i> This appln claims benefit of 60/306,743 07/20/2001 and is a CIP of 29/133,861 12/08/2000 PAT D,457,556					
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/27/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>CO</i>		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 23460					
<b>TITLE</b> Non-rectangular shaped credit card with case					
<b>FILING FEE RECEIVED</b> 2300	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		